

Children's Medical Office of North Andover, P.C.

Family History Sheet

Child(ren)'s Name(s)	Date of Birth	Half-sibling/Adopted/Foster Child?

Other Family	If Living			If Deceased	
	Age	Health	Height	Age	Cause
Father					
Mother					
Other family					

Mother's age at first period (menstrual cycle): _____

Who else is currently living in the home? (i.e. Grandparent, Aunt, Friend)

Alternative Address, if any:
(and with whom):

What prescription medications are in the home? (taken by the child or by other family members)

Does anyone living in the home smoke? _____

Is there a gun in the home? _____

Are there pets in the home?
If yes, what types of animals?

Is there wall-to-wall carpeting in the home? _____

Do you live in a house built before 1960? _____

Is your family vegetarian? _____

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Is there a family history of any of the following?

	Yes	No	Relationship to child and explain
General	Down Syndrome, Muscular dystrophy, Neurofibromatosis, Huntington's Disease		
	Birth Defects		
	Problem with Anesthesia		
Heart	Heart murmur		
	Heart defect since birth		
	Heart attack before 40 years of age		
	High cholesterol		
	High blood pressure		
	Stroke		
	Aneurysm		
Lung	Asthma / Chronic Bronchitis		
	Tuberculosis		
	Cystic Fibrosis (CF)		
Allergy/ Immunol	Eczema		
	Food Allergy		
	Seasonal Allergy		
	Many infections / Mild immune deficiency		
GI	Crohn's disease / Ulcerative colitis		
	Irritable bowel disease		
	Reflux disease / GERD		
	Obesity		
	Hepatitis		
Kidney	Kidney failure		
	Kidney reflux		
	Many urine infections as a child		
	Bedwetting after 7 years old		
Endo	Diabetes on insulin / childhood onset		
	Diabetes not on insulin / adult onset		
	Thyroid disorder		
Blood	Anemia		
	Sickle Cell Anemia		
	Excessive Bleeding or Clotting		
	HIV /AIDS		
Bone	Scoliosis		
	Arthritis		
Neurologic	Hearing disorder / Deafness		
	Needed glasses as a child / "Lazy eye"		
	Migraine		
	Seizures		
	Learning delay / Dyslexia		
	Mental retardation / "Slow learner"		
	ADHD		
	Autism / Asperger's		
Psychiatric	Anxiety		
	Depression		
	Bipolar / Manic-Depressive		
	Schizophrenia		
	Suicide / Violent crime		
	Alcoholism		
Other	Cancer before age 50 (what type)		
	Other illnesses		